DOCUMENT RESUME

ED 216 274 CG 015 888

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TITLE Problems of Intervention in Families with Deviant Children.
PUB DATE Aug 81
NOTE 11p.; Paper presented at the Annual Convention of the American Psychological Association (89th, Los Angeles, CA, August 24-26, 1981).

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Child Abuse; *Developmental Disabilities; *Family Problems; *Intervention; Learning Problems; *Mental Retardation; One Parent Family; *Parent Participation; Problem Children; Program Descriptions; Skill Development; Socioeconomic Status; Training Methods

ABSTRACT

This paper addresses the problems of intervention in families with retarded or abused children, focusing on educational interventions aimed at increasing parenting skills. Clinical activities and research findings of the Project for Developmental Disabilities at UCLA are cited to illustrate several problems and to suggest potential solutions. A discussion of problems resulting from the family intervention perspective itself is followed by an explanation of problems associated with the reality of mental retardation, such as the child's slow learning and behavior problems. Three stages of outcome used to evaluate program success (parent participation, proficiency, and practice) are detailed along with problems that may arise during these stages. Problems often experienced by low socioeconomic level families are explained and modifications of training techniques are suggested to reduce these problems. Three types of families whose relationship problems often interfere with training are reviewed, including the single parent family, the distressed marriage, and the insular family. Possible solutions to problems presented by these families and alternative training approaches are also suggested. (NRB)

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PROBLEMS OF INTERVENTION IN FAMILIES WITH DEVIANT CHILDREN

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PROBLEMS OF INTERVENTION IN FAMILIES WITH DEVIANT CHILDREN

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The problems that arise when intervening with families are determined in part by the particular type of childhood deviance, of family system, and of intervention. I will focus here primarily on children experiencing retardation or abuse. A major aim of intervention with these families is to increase parenting skills.

All parents are teachers, but the parent of a retarded child is faced with teaching and behavior management demands that are especially difficult and can be better met with some special skills. Training programs usually seek to help parents observe their child's behavior, select skills to teach, present tasks to maximize success, encourage and reward progress, manage behavior problems, and the like. One assumption is that increasing parents' ability to cope daily will reduce stress and increase their own sense of competence and well-being.

Today, then I will concentrate on educational interventions aimed at increasing parenting skills. The psychological literature now abounds with accounts of parents successfully trained, by a variety of methods, to better aid their children's development. However, in the reality of clinical practice that lies behind the selected and polished accounts in our journals the truth is that producing any meaningful change in a family's behavior is often quite difficult.

In discussing some of the problems that one encounters, I will draw from the rich base of clinical activities and research findings of our Project for Developmental Disabilities at UCLA. We have developed and studied systematic training approaches for hundreds of parents with moderately to severely retarded, autistic, or otherwise handicapped children, and parents referred for child abuse. Our training formats have included individual consultation, group training, and school-based programs.

I will draw especially from three areas of our work: (1) studies of outcome prediction, in collaboration with Duncan Clark, utilizing samples of 50 and 100 families (Clark and Baker, 1981; Clark, Baker and Heifetz, 1980); (2) studies of training for abusive families, primarily coordinated by Steven Ambrose, and (3) studies of alternative training programs for low income, low education families, conducted in English and Spanish.

Family Intervention Perspective

Let us begin by examining those problems that arise from a family intervention perspective **per se**. The notion that child problems are best approached by working with parents or the whole family is fairly recent in child mental health. As evidence accumulated that traditional child-centered treatments, such as play

therapy, fell far short of their promise, and as behavioral programs demonstrated effects, psychologists turned their attention to a more systems-oriented approach, involving the whole family in the change process. This new perspective brought with it several difficulties concerning responsibility for and timing of intervention.

First, a family approach means that the other family members must be involved and assume some responsibility for change if the program is to be effective. This notion is more deeply resisted by both families and agencies than either would admit. We find that many families believe real responsibility for helping their child rests exclusively with agencies. Agencies have certainly contributed to this viewpoint, by their history of treating parents as patients and offering them counseling rather than the training they need to genuinely share child teaching responsibilities. Given these views of where responsibility lies, naturally many parents resist parent training programs or any other family systems approach, and many who enter do so with a host of motives unrelated to what they themselves can do for their child.

Secondly, parent education programs aim in part at prevention or early intervention, while the focus of child service agencies tends to be primarily crisis intervention. In California's Regional Center System considerable funds are spent to provide parents with behavioral consultation (usually in cost-ineffective home visits). The parent who gets such services is the one who complains loudly that she is overwhelmed with the child's behavior problems. Once problems have reached crisis proportions the expenditure can be administratively justified. On the other hand, the parents of a young moderately or severely retarded child who request a systematic program to help them learn how to facilitate that child's development are much less likely to be accomodated.

In sum, parents and agencies alike too often retain the traditional psychiatric perspective that responsibility for a retarded child resides mainly with professionals. Too, in tight budget times, agencies are not inclined to allocate funds for problem prevention. It is against the backdrop of these obstacles to intervening early and with genuinely shared responsibilities that we look at parent training.

Outcome: Participation, Proficiency and Practice

Programs of parent training increasingly look beyond immediate problem resolution toward providing parents with general teaching and behavior management strategies. Therefore, we are concerned about three stages of outcome when we evaluate success: (1) participation -- whether parents complete the program, (2) proficiency -- whether they learn behavioral principles, and can apply these in teaching their child, and (3) practice -- whether they in fact do teach, especially after formal training ends.

There are some problems that especially arise in training families with a retarded child. I'll mention two: First, and not too surprisingly, retarded children learn slowly. There is often little, if any, day-to-day progress, and it is not unusual for a parent to reexperience those frustrations and perhaps self-recriminations that accompanied previous teaching failures. While there is no "solution" here, it is important that trainers help parents to break down skills into finely graded steps, so that progress is easier to see. It is helpful also to introduce a cognitive component to training, whereby parents pay attention to and record not just the teaching they do each day but also the thoughts they have during that teaching. In group meetings these negative thoughts can be raised and alternative coping thoughts suggested.

Secondly, it is very common for the retarded child -- and other handicapped children -- to "get away with murder" around the house because of the parents hesitancy to discipline as they do with their other children. The thought of punishing a retarded child may elicit feelings of pity and guilt, as well as many misgivings, as "He is too fragile," or "She won't understand." Also, punishment efforts in the past may not have had the desired effect, so everyone has sort of given up. We are frequently amazed to see a six year old tyranize and control the entire family, to everyone's detriment. We have found that video-tape feedback of teaching sessions is one very good way to help parents begin to see and talk about their behavior management strategies, or lack of them. Consultation with other parents in group meetings can be helpful here too.

I am not going to discuss problems specific to retardation further, because in the last analysis they interfere only minimally with a training program. I have just mentioned, for example, problems arising from the child's slow learning and behavior problems. Yet we have found that child variables, such as skill level or behavior problems, do not predict at all how well parents will do at any stage of outcome. Instead, I will turn to those variables that **do** interfere with parents participation, proficiency and practice. Then I will discuss some particular problems one encounters with certain types of families.

Participation

One obvious problem, already mentioned, is parental disinterest in commiting time and energy to a training program. It is a common report of parent training programs that despite the best of publicity efforts, only a small percentage of appropriate families inquire about and join the program. In one study of participation (Baker, Clark and Yasuda, 1981) we offered parent training to all 74 appropriate families in a Los Angeles county public school for retarded children; 24% joined the program, a relatively high proportion for us. Compared with nonjoiners, joiners were already more involved in school activities, and were better educated. also, they had children who were **more** retarded and had **more** behavior

problems that interfered with learning. Hence, if one sought to introduce parent training into an ongoing school program, it is likely that a substantial number of parents would not be motivated to participate.

Attendance throughout the training program has not been a problem for us with middle-class families. However, with lower SES families, whether those with retarded children or referred for child abuse, attendance is more apt to be spotty. One way that we have successfully reduced absences has been to introduce incentives. Our favorite method is a lottery each meeting, whereby a family receives tickets for attending, being on time and completing homework assignments; these are put in a box and a winner drawn. Prizes have included canned hams, plants, and children's stuffed animals. The lottery has proven to be both fun and effective.

Proficiency

Another major problem is that some families complete a training program but do not adequately master content. Not surprisingly, we have found that the best predictor of whether parents continue to teach after the program ends is whether they have become proficient in behavior modfication. Therefore we want to assure that as many parents as possible become proficient and, moreover, we would like to be able to predict in advance those who will not attain proficiency in order to refer them to a different type of intervention.

To determine proficiency post-training we assess what behavioral principals parents have learned and how they can apply these teaching their child in a video- taped session. Parents least likely to reach proficiency criteria are those with low education, low income, no prior experience with behavior modification and greater initial expectation of obstacles to teaching. Generally speaking, these are low socioeconomic level families. Other researchers also have found poorer outcome with low socioeconomic level families (Rinn, Vernon and Wise, 1975; Rose, 1974; Sadler et al., 1976) and it has been noted that this population is vastly underrepresented in reports of parent training programs. We find these families less accustomed to the classroom-like demands of training. In particular, they have much more difficulty than middle-class parents in going beyond the concrete case of their own child to understanding general principles, and in generalizing from principles to actual behavior with the child.

Our modification of training to enhance gains in lower SES families has involved less didactic presentation and a greater reliance on action inputs, such as role playing, video tapes, live demonstrations, and actual supervised teaching. One alternative program we conducted was a three week mini-camp for children of parents who had completed our training program but failed to attain proficiency. We found that having parents participate for one all-day session per week in this school-based program greatly enhanced

proficiency and follow-through as well. (Brightman, Ambrose & Baker, 1980). This summer we are replicating and expanding this school-based training with a population of families selected according to predictors of low proficiency.

Practice.

The ultimate test of an intervention is whether it effects the way the family behaves, and here the news is not especially good. We have followed up two samples of about 100 families each, for 6 months and a year respectively. Unfortunately, about a third of families were doing little or no productive teaching. The other two thirds, however, had continued to teach their child new skills, although usually not in as systematic a way as was advocated in training. Neither study, however, had a long-term control group, so we cannot say how much training increased the extent and quality of teaching that these families would have done anyway. Two major problems that need much more attention are methodologies for assessing follow-through at home and techniques for enhancing it.

One way we have modified our training program in an attempt to enhance follow-through has been to address parents' cognitions. We have found that parents who practice least following training also did the least teaching with their children before training. Following the cogr tive revolution in our field, we wondered if these families might be more apt to be making negative statements to themselves that interfered with teaching -- statements such as "I can't really teach" or "She's always going to be retarded so what's the use." Our curriculum, as I have mentioned, now has parents record the self-talk they do while teaching. During some training group sessions these cognitions are brought out and positive coping thoughts raised to counter negative ones. Although this approach does seem helpful in changing some of the ways parents think about teaching, we have not yet evaluated the impact on follow-through.

I will now turn from consideration of problems that need to be addressed in almost any parent training program to several types of families that present problems that may effectively preclude training altogether. Because of time limitations, I have chosen to speak about three types of families whose relationship problems interfere with training: the single parent family, the distressed marriage and the insular family.

The Single Parent Family.

Single parent status is not a readily apparent obstacle to success but it is a most serious one. An estimated one in five households in America is headed by a single parent, and that proportion is growing, making this a very prevalent family type. Single parents enter our training program roughly in proportion to their number in the population. Also, they appear just as enthusiastic as other

parents when they begin training. However, they fare less well at every stage of outcome. In several programs with various formats we have found single parent status to be the best predictor of dropouts. In addition, those single parents who do complete the program are less likely than married parents to attain proficiency and less likely to follow-through in teaching. In a recent sample of 100 families the liklihood that a parent who began training completed the program, attained proficiency and six months later was doing some productive teaching was 59% for parents with intact marriages and only 14% for single parents.

Fortunately, there seems to be a simple answer to at least part of this problem. We don't suggest a dating service for single parents to meet eligible potential mates -but we have had success with a lesser intervention to reduce these people's isolation in training. By simply encouraging single parents to go through training with another person - adolescent son or daughter, relative, friend - we have reduced the dropout rate considerably. The critical dimension is not so much having someone to sit in the group with -- married parents who attend the group alone still fare well in outcome -- but, rather, someone who is taking an interest in the program, providing reinforcement for teaching at home and the like.

The Distressed Marriage:

The stresses associated with having a mentally retarded child have long been implicated as causes of personal and marital distress, so we might expect a disproportionate number of distressed marriages in our clients.

Patterson, Bernal and other parent training researchers have noted, as we have, the obvious point that training parents is more successful when their relationship is a good one. Distressed couples are more apt to disagree about childrearing strategies, fail to support or actually undermine one anothers efforts, and have their concentration and energies consumed by the marital problems. In a group, a parent or couple that brings marital problems into the open makes everyone uncomfortable and leaves leaders at somewhat of a loss, since group training curricula allow little flexibility to deal with individual conflicts.

This past week a step-parent in training with us was in a frenzy about her husband's neglect of his two children, one of whom is Jenny, an energetic and enthusiastic seven year old who is struggling to learn pre-academics in our summer mini-camp. At her first training meeting, mom chastised her husband at length in front of the group, and on a subsequent day cornered first one staff member and then another to tearfully elaborate upon her story of problems at home. Where marital disharmony is pronounced, training is not only difficult but forging ahead with it feels pretty inappropriate.

To study marital disharmony in our most recent sample we obtained the Locke-Wallace Marital Adjustment Test from 38 married mothers and examined its relationship to the degree they followed through on teaching after training ended. It seemed reasonable that in distressed marriages mother would find less energy and support to teach, once the immediate demands of training ended. A lower score on the MAT indicates more distress in the marriage. In our sample, the mean was 115; we designated a rather arbitrary cutoff of 100, and contrasted follow-through outcome for the 7 mothers whose MAT scores fell below 100 with the 31 who scored above. A Chi Square analysis found the low MAT mothers significantly more likely to be in the low follow-through group (Chi Square $(1)=5.69, p<.01$). Marital adjustment, then, may be predictive of long-term benefits, at least for especially low scoring families -- for truly distressed marriages. These families might more appropriately be assigned to couples therapy, aimed at strengthening the marital relationship before burdening it with additional child teaching demands.

The Insular Family:

Another type of family that frustrates training efforts is what Walder (1980) has called the "insular family". These are socially isolated families who interact predominantly with relatives and helping agency staff. rather than friends, or co-workers. Moreover, those interactions are judged by the parents themselves to be often unsolicited and negative in valence. Walder finds the insularity pattern more frequently in lower socioeconomic level families and posits that these insular families may be much less amenable to intervention than others at a comparable SES level.

When we conduct voluntary programs for parents of retarded children, we do not often see the insular family -- almost by definition, they are cutoff from sources of information about such a program and would not be likely to venture in anyway. (We are nonetheless presently studying this dimension in low income monolingual Spanish speaking families referred by Regional Center to our program, as this construct may have special meaning for persons cut off from the mainstream culture not only by poverty and anxiety about immigration authorities but by language barriers as well.)

However, in child abuse, where parents are often court referred, the insular family is more frequently seen. In fact, insularity has been noted by a number of authors as characteristic of many abusive families. In group training for abusive families we encounter many who are isolated, closed off to any suggestions from outside the family network, insistent on their own child rearing ideas (especially condoning punishment), and openly hostile in their interactions with staff and other families. In the extreme, the insular family may not be at all well served in a group -- one might hope that the group itself would reduce some of the insularity, but in our experience this is unlikely in a short-term training program.

Insular families might be better served by counseling that is supportive and instructive, aimed at social skill development, child rearing strategies, coping with daily crises , vocational training and the like. Kempe and Helfer have also noted the efficacy of homemaker services, where a provider has a better opportunity to form a relationship as well as to model and gradually shape more effective child management.

In conclusion, we have considered a number of problems that arise intervening with families of retarded or abused children. These problems have many sources, including the family intervention perspective itself, the realities of mental retardation, and many characteristics of the family, most notably their socioeconomic status, relationships and cognitions. I have failed to mention that there may be problems brought by the psychologist to the enterprise as well, but since we're out of time I'll leave that for another paper -- perhaps best presented by a parent!

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